

MARYLAND MEDICAID
UB-92 HOSPITAL
ADDENDUM INSTRUCTIONS
Administrative Day Billing

MARCH, 2005

COMPLETION OF UB-92 FOR ADMINISTRATIVE DAYS

The following instructions are specific to billing for administrative days and address only key problematic areas. They should be used in conjunction with the standard UB92 billing instructions. They apply to all hospitals with exception to general hospitals in prospective payment states.

Administrative day charges should be billed on a separate UB92 form with the approved DHMH 1288 or DHMH 1288A form attached. All days and services unrelated to the administrative days will continue to be billed as previously instructed.

The DHMH 1288 "Report of Administrative Days" form is to be used by all hospitals, except psychiatric hospitals, which must use the form DHMH 1288A. Psychiatric hospitals must ensure that the hospital's utilization review committee signs and dates the form 1288A. The "Report of Administrative Days" form must be attached to the invoice. General hospitals should be aware that administrative days are subject to the DRG day limit, if applicable.

SPECIAL NOTE: As a result of the way our system discounts your entire bill, it is very important that the instructions for determining the amount to be billed (Item 47) be followed exactly.

Invoices must be received within nine (9) months of the date of discharge. If a claim is received within the 9 month limit but rejected, resubmission will be accepted within 60 days of the date of rejection or within 9 months of the date of discharge, whichever is longer. If a claim is rejected because of late receipt, the patient may not be billed for that claim. If a claim is submitted and neither a payment nor a rejection is received within 90 days, the claim should be resubmitted.

Invoices may be typed or printed. If printed, the entries must be legible. Do not use pencil or a red pen to complete the invoice. Otherwise, payment may be delayed or the claim rejected.

Completed invoices are to be mailed to the following address:

Maryland Medical Assistance Program
Division of Claims Processing
P.O. Box 1935
Baltimore, MD 21203

The instructions that follow are keyed to the form locator number and headings on the UB-92 form.

FL 4 **Type of Bill**

Follow the instructions on pages 3-5 of the UB92 Billing Instructions.

Example: 114

DEFINITIONS FOR FREQUENCY

(4) - Interim - Last Claim (To be used with Bill Classification 1, 5 and 6 **ONLY**)

This code is to be used for the last of a series of bills for which payment is expected to the same third party payer for the same confinement or course of treatment. Complete locator 6 and use code 42 in locators 32a - 32b.

FL 6 **Statement Covers Period (From - Through)**

Enter the “From” and “Through” dates covered by the dates of service for administrative days only. Remember that Medical Assistance does not pay for the date of death/discharge. The date of death/discharge should never be shown as the through date in this field.

NOTE A: “Split” billing. An acute care hospital may not “split” a Medical Assistance bill except for the conditions listed below. The exceptions are:

1. [Administrative Days must be billed separately from acute hospital days and must have the DHMH 1288, Report of Administrative Days form attached.](#)

FL 7 **Covered Days**

Enter the number of days approved for “administrative days” only that are covered by the Medical Assistance Program.

FL 36a &b **Occurrence Span Codes and Dates**

Code Structure:

** 75 SNF Level of Care

Enter code 75 and the dates of the first and last administrative days. (DO NOT INCLUDE DATE OF DISCHARGE). Form DHMH 1288 or DHMH 1288A would be required.

FL 42**Revenue Codes**

Use revenue code 0169. This code is specific to administrative days. NOTE: This is the only revenue code to be shown on this invoice other than the total charge revenue code of 0001.

FL 46**Units of Service**

Enter the number of approved administrative days on the line adjacent to revenue code 0169. There must be a unit of service for every revenue code except 0001.

FL 47**Total Charges**

As noted above, it is very important that these instructions for determining the amount to be billed be followed exactly.

- A. In order to be paid correctly, hospitals without a licensed skilled nursing facility unit must divide the “projected average Medicaid nursing home payment rate” (Administrative Day Rate) by your rate of reimbursement.

Example 1

Maryland general hospitals are paid 94% of total charges. Divide the appropriate Administrative Day Rate by 94%. Multiply that result times the number of administrative days to yield the amount to be billed in Item 47.

Example 2

DC general hospitals and some other out-of-state general hospitals are paid a percentage of total charges. If their percentage reimbursement rate is 80% the facility would divide the appropriate Administrative Day Rate by 80%. Multiply that result times the number of administrative days to yield the amount to be billed in Item 47.

Example 3

Hospitals paid on a per diem basis will bill the Program the appropriate Administrative Day Rate times the number of administrative days since their rate of reimbursement is actually 100% of administrative day charges. This pertains to some out-of-state general hospitals and out-of-state special rehabilitation hospitals. Psychiatric hospitals should use the appropriate average residential treatment center rate (Administrative Day Rate for Special-Psychiatric Hospitals).

- B. With the exception of psychiatric facilities, hospitals with a licensed skilled nursing facility must charge the lesser of the appropriate Administrative Day Rate or the allowable costs in effect under Medicare for extended care services provided to patients of such unit.

Questions regarding the above instructions should be directed to the Problem Resolution Unit at 410-767-5457.